

FAULT TREE BLOCK CLOSURE

1. Team Name:			Date:	
2. Block Number (WBS):		3. Title:		
4. Actionee (Optional):		5. Block Lead:		
6. Rationale for Closure (Summary):				
7. Supporting Data (Attached/References):				
8. Basis for Rationale (Please Check Following as Applicable): <input type="checkbox"/> Test <input type="checkbox"/> Data Review <input type="checkbox"/> Analysis <input type="checkbox"/> Engineering Judgment <input type="checkbox"/> Inspection <input type="checkbox"/> Other (Specify Below):			9. Optional: FMEA/CIL Ref. _____ Hazard Analysis Ref. _____	
APPROVAL SIGNATURES				
	Contractor	Date	NASA	Date
10. Block Lead:				
11. Concurrence (Optional):				
12. Concurrence (Optional):				
13. S&MA Representative:				
14. Working Group/Team Chairperson:				